



# \$650.00 6/25/07 State of Washington Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATE	R
Permanent Temporary Short Term	L ,



Follow the attached instructions. Attach additional sheets as necessary.

- COLION	1. APPLICANT			
Applicant/E	Business Name: Ron & M	Iarc Swenson	Phone No: 360.321.6351	Other No: 360.632.0361
Address: 47	724 Thornwood Lane			
City: Langle	ey		State: Wa	Zip:98260
Email Addr	ress (optional):			
Contact Na	me (if different from abo	ve):	Phone No:	Other No:
Relationship	p to Applicant:			
Address:				
City:			State:	Zip:
Email Addr	ress (optional):			
		ur proposed project: Small public	e water system su	pply domestic water to
Anticipated	length of time to comp	blete your project: 5 years hich water will be applied to a be	eneficial use and	list quantity required for eac
Anticipated  Vater Use  Purpose(s)	length of time to comp List all purposes for w	hich water will be applied to a be  Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	list quantity required for eac Period of Use (Continuously or Seasonal)
anticipated  Vater Use  Purpose(s)	length of time to comp List all purposes for w	blete your project: 5 years  hich water will be applied to a be  Rate (check one box only)  Cubic Feet per Second (CFS)	eneficial use and Acre-Feet per Year (AF/YR)	list quantity required for eac
Anticipated  Vater Use  Purpose(s)	length of time to comp List all purposes for w	hich water will be applied to a be  Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	list quantity required for eac Period of Use (Continuously or Seasonal)
Anticipated  Vater Use  Purpose(s)	length of time to comp List all purposes for w	hich water will be applied to a be  Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	list quantity required for eac Period of Use (Continuously or Seasonal) Continuously
Anticipated  Water Use  Purpose(s)	length of time to comp List all purposes for w	hich water will be applied to a be  Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known) est . at 10	list quantity required for eac  Period of Use (Continuously or Seasonal)  Continuously
Anticipated  Nater Use  Purpose(s)  Domestic-  Short Term  s this a requestion requestion requestion.	List all purposes for woof Use  TOTAL:  n/Temporary Water I usest for a short term present for a temporary personal content of the content of	hich water will be applied to a be Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)  60  Use  roject (less than four months and	Acre-Feet per Year (AF/YR) (If known) est . at 10	Period of Use (Continuously or Seasonal)  Continuously
Anticipated Water Use Purpose(s) Domestic- Short Term s this a request this request	List all purposes for woof Use  TOTAL:  n/Temporary Water I usest for a short term present for a temporary personal content of the content of	hich water will be applied to a beautiful Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)  60  Use Toject (less than four months and mit?  YES NO licate the dates that the water will	Acre-Feet per Year (AF/YR) (If known) est . at 10	Period of Use (Continuously or Seasonal)  Continuously

Priority Date 6 25

Date Returned

WRIA: 6

FROM: \_\_\_\_/\_\_\_TO: \_\_\_\_/\_\_\_

For Ecology Use	APPLICATION NO:			SEPA: Exempt/Not Exempt			
	Fee Paid:	Che	ck No:	ECY Coo	ling: 001-001-WR1-0285-000011		
Date Returned		By	Priority Date	By	WRIA:		

#### Complete A or B, and C below A.) If Surface Water Source B.) If Ground Water Source Spring Creek River Lake ⊠ Well(s) ☐ Other: Other: Well diameter & depth: 6" & 372' Source Name: Number of proposed points of withdrawal: 1 Tributary to: Do you have an existing well? XYES NO If available, attach Water Well Report and pump test. Number of proposed diversion points: Do you have an existing diversion? YES NO Well Tag ID No. APS 072 C.) Point of Diversion/Withdrawal - Legal Description Section Parcel No. 1/4 Township County Range R33031-374-2700 SE NW 31 30 N 03 E Island Subdivision Lot(s) Block(s) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1150 Feet ( North/ South) and 1200 feet ( East/ West) from the ( NW SW NE SE ) corner of Section NW 1/4. Parcel No. Section Township County Subdivision Lot(s) Block(s) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: feet ( North/ South) and \_\_\_\_feet ( East/ West) from the (NW SW NE SE ) corner of Section NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper. Do you own the land on which the proposed point of diversion/withdrawal is located? XES NO If no, do you have legal authority to make this application for use of another's land? YES NO Provide the owner name(s), address, and phone number: Section 4. PLACE OF USE Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below. Section Twp. Range County Parcel No. SE NW 31 30 N 03 E Island R33031-309-1860. R33031-309-2680. R33031-374-1880, & R33031-374-2700 Do you own all the lands on which the proposed place of use is located? \(\subseteq\) YES \(\simes\) NO. If no, do you have legal authority to make this application for use of another's land? XES NO Provide owner name(s), address, and phone number: Pensco Trust Company, Custodian Bruce J. Kortebein, IRA Account # K01BX, PO Box 26903, San Francisco, CA 94126 Are there any other water rights or claims associated with this property or water system? \(\subseteq\) YES \(\simes\) NO If yes, provide the water right and/or claim numbers:

Section 3. POINT OF DIVERSION OR WITHDRAWAL

be sure to include a complete copy of the plat map.

rce): Single well with submersible pump, connec	ted to PVC disttribution lines and hydropneumatic tanks.
Section 6. DOMESTIC WATER SUI	PPLY SYSTEM INFORMATION
omplete A <u>or</u> B, and C below	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served:	Present population to be served water:
Гуре of connections: <u>homes</u> (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the	e Washington State Department of Health, Drinking Water
Division? ☐ YES ☒ NO	
	Water System Number:
If yes, date plan was approved//	
Division? TYES NO  If yes, date plan was approved//  Name of water system: Proposed - Skyview Water	System
If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	System er system? ☐ YES ⊠ NO
If yes, date plan was approved/// Name of water system: Proposed - Skyview Water	System er system? ☐ YES ⊠ NO
If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	System er system? ☐ YES ⊠ NO
If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	System er system? ☐ YES ⊠ NO
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If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	System er system? ☐ YES ⊠ NO
If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	System er system? ☐ YES ⊠ NO
If yes, date plan was approved///  Name of water system: Proposed - Skyview Water  Are you within the service area of an existing water	er system?  YES NO
If yes, date plan was approved/// Name of water system: Proposed - Skyview Water Are you within the service area of an existing wate If yes, explain why you are unable to connect to the	er system?  YES NO
If yes, date plan was approved///	er system?  YES NO  ne system:  ATER/OTHER FARM USES  er this application = 0 ACRES
Name of water system: Proposed - Skyview Water Are you within the service area of an existing water If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKW  rrigation otal number of acres requested to be irrigated under	er system?  YES NO  ne system:  ATER/OTHER FARM USES  er this application = 0 ACRES
Name of water system: Proposed - Skyview Water Are you within the service area of an existing water If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKW  Trigation Sotal number of acres requested to be irrigated under SOTE: Outline the area to be irrigated on your attended.	er system?  YES NO  ne system:  ATER/OTHER FARM USES  er this application = 0 ACRES
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Name of water system: Proposed - Skyview Water Are you within the service area of an existing water If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKW  Trigation Sotal number of acres requested to be irrigated under SOTE: Outline the area to be irrigated on your attended.	System  er system?  YES NO  ne system:  ATER/OTHER FARM USES  er this application = 0 ACRES  ached map.

# Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

s the combined acreage under existing rights greater than 6000 acres? XES NO	
Do you have a controlling interest in a Family Farm Development Permit? 🗌 YES 🔀 NO	
If yes, enter Permit No:	
Section 8. OTHER WATER USES	
Hydropower	
Indicate total feet of head n/a and proposed capacity in kilowatts:	
Describe works:	
Indicate all uses to which power is to be applied:	
FERC License No:	
Mining/Industrial Use	
Describe use, method of supplying and utilizing water: <u>n/a</u>	
Other Use	
n/a	
Section 9. WATER STORAGE	
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO	
Are you proposing to store more than 10 acre-feet of water?   YES   NO	
Will the water depth be 10 feet or more? ☐ YES ☒ NO	
If you answered yes to any of the above questions, please describe:	
	4500000
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the d and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct Reservoir and a Dam Construction Permit and Application.	
Section 10. DRIVING DIRECTIONS	
Provide detailed driving directions to the project site: Head north on SR 525 from Clinton. Turn right in I	reeland o
Scott Road. Follow Scott Road to East Harbor Road. Take a right on East Harbor Road and follow to Go	ss Lake
Road. Take a right on Goss Lake Road. Follow Goss Lake Road to Pintail Road. Take left on Pintail Road.	oad.
Follow Pintail Road north to the end. Gravel Access easement will be present on the right. Follow easen	nent, 900
feet east, 650 feet north, and then 650 feet east to the well head.	

Address:n/a		

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

MARC G SWENSON

Print Name
(Applicant or authorized representative)

MARC G SWENSON

Print Name
(Landowner of Place of Use)

Print Name
(Landowner of Place of Use)

PENSIO TRUST (D. (USTODIAN

Print Name
(Landowner of Place of Use)

BRUCE KORTEBEN Signature

(Landowner of Place of Use)

Submit your application to: D

DEPARTMENT OF ECOLOGY

CASHIERING SECTION

PO BOX 5128

LACEY WA 98509-5128

Please check the region in which your proposed project is located.

Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490

# DAVIDO CONSULTIN GROUP, INC.

# LETTER OF TRANSMITTAL

CIVIL \* STRUCTURAL \* LAND USE

15029 BOTHELL WAY NE, STE 600  LAKE FOREST PARK, WA 98155  TELEPHONE: (206) 523-0024  FAX: (206) 523-1012				PO BOX 1132 FREELAND, WA 98249 TELEPHONE: (360) 331-4131 FAX: (360) 331-7394	DATE:	June 20, 2007  Water Right Applic	ation - APS 072
TO:	Dep.	hiering Se artment of Box 5128 ey, WA 98	Ecology			WE ARE SENDIN  ☑ Attached  ☐ Letter ☐ Plans ☐ Specifications ☐ Report	NG YOU:  ☐ Under Separate Cover ☑ Permit App. ☐ ☐ ☐
NO	0.	COPIES		D	ESCRIPTIO	ON	
1		1	\$50 Water Ri	ght Application Fee			
2	2	1	Water Right A	Application			
3	3	1	Well Log				
4	4	1	Vicinity Map a	and Legal Descriptions			
5	5	1	4 Hour Pump	Test			
6	6	1	Water Chemi	stry Results			
REM <i>A</i>	THESE ARE TRANSMITTED as check  ☐ For review ☐ For your use ☐ As requested ☐ For review and Comment  REMARKS			□ No exceptions taken □ Exceptions as noted □ Returned for corrections □	□ Re		copies for review copies for distribution corrected prints
	& Mar	N: c Swensor an, ICHD	1	SIGNED:	Mm	M Jeffrey M. Ta	asoff

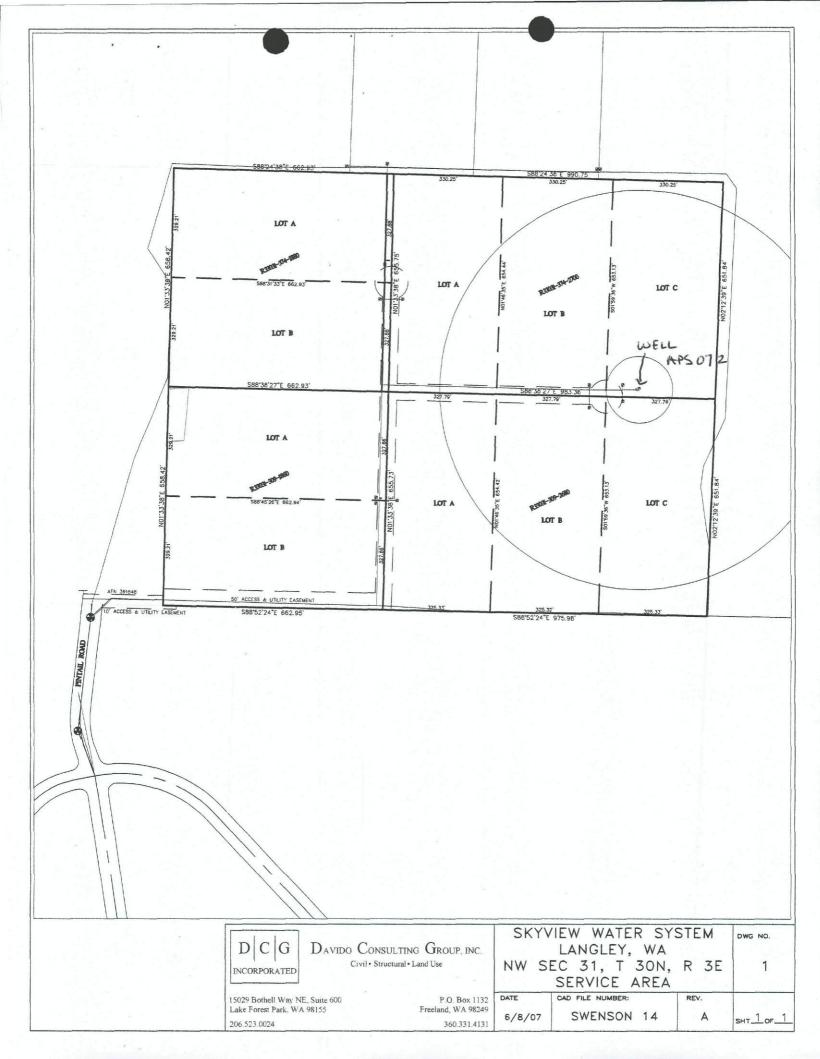
If enclosures are not as noted, kindly notify us at once.

Start Card No. - APS 072

Address PARCEL # 330313091860 LANGLEY, WA (1) OWNER: Name SWENSON, RON \_\_\_\_\_\_\_ (2) LOCATION OF WELL: County ISLAND - SE 1/4 NW 1/4 Sec 31 T 30 N., R 3E WM (2a) STREET ADDRESS OF WELL (or nearest address) GOSS LAKE / LOT C (10) WELL LOG (3) PROPOSED USE: DOMESTIC | Formation: Describe by color, character, size of material (4) TYPE OF WORK: Owner's Number of well and structure, and show thickness of aquifers and the kind (If more than one) and nature of the material in each stratum penetrated, with Method: ROTARY (5) DIMENSIONS: Diameter of well 6 inches |-----DIMENSIONS: Diameter of well 6 inches Drilled 372 ft. Depth of completed well 371.5 ft. | MATERIAL FROM | TO ------ BROWN TOPSOIL 0 (6) CONSTRUCTION DETAILS: BROWN CLAY GRAVEL & SAND 5 1 " Dia. from +2 ft. to 364.5 ft. | GRAY GRAVEL SAND & SILT

" Dia. from ft. to ft. | GRAY SAND & SILT & GRAVEL

" Dia. from ft. to ft. | BROWN SAND & SILT Casing installed: 6 5 90 WELDED 150 140 ----- GRAY CLAY SAND & WOOD 150 176 GRAY CLAY GRAVEL & SAND & SILT 1 176 Perforations: NO 186 Type of perforator used BROWN SAND & SILT SIZE of perforations in. by
perforations from ft. to
perforations from ft. to
perforations from ft. to in. by in. | GRAY SAND & SILT & WOOD 202 230 ft. GRAY CLAY SILT & WOOD 230 232 GRAY SAND & SILT & WOOD ft. 232 ft. GRAY CLAY & SILT 245 283 GRAY CLAY SAND & WOOD 283 298 GRAY SAND & SILT 298 302 Screens: YES JOHNSON GRAY SAND & SILT CLAY 336 Manufacturer's Name 302 INLESS STEEL Model No.
slot size 20 from 361.5 ft. to 366.5 ft. Type STAINLESS STEEL GRAY SAND & WATER 336 Diam. 6 slot size 18 from 366.5 ft. to 371.5 ft. -----avel packed: NO Size of gravel Gravel placed from ft. to ft. Gravel packed: NO Surface seal: YES To what depth? 18 ft. Material used in seal BENTONITE Did any strata contain unusable water? NO ft. | Well site meets all sighting criteria Type of water? Depth of strata under I.C.C. 8.09 based on infor-Method of sealing strata off mation supplied by the owner or (7) PUMP: Manufacturer's Name owner's authorized representative. Land-surface elevation (8) WATER LEVELS: above mean sea level ... Static level 302.4 ft. below top of well Date 04/24/07 Artesian Pressure lbs. per square inch Date Artesian water controlled by Work started 03/29/07 Completed 04/11/07 (9) WELL TESTS: Drawdown is amount water level is lowered below | WELL CONSTRUCTOR CERTIFICATION: static level. I constructed and/or accept responsibility for con-Was a pump test made? YES If yes, by whom? HAYES DRILLIN struction of this well, and its compliance with all Yield: 60 gal./min with 15.20 ft. drawdown after 4.5 hrs. Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief. Recovery data Time Water Level Time Water Level Time Water Level NAME HAYES DRILLING, INC. (Person, firm, or corporation) (Type or print) . 05 302 4 ADDRESS 5696 ERSHIG RD. BOW, WA Date of test 04/24/07 Bailer test 1 gal/min. .08 ft. drawdown after 1 hrs. [SIGNED] Air test gal/min. w/ stem set at ft. for Artesian flow g.p.m. Contractor s Date Temperature of water Was a chemical analysis made? YES | Registration No. HAYESDI106J5 



#### LEGAL DESCRIPTIONS

PARCEL A R33031-309-1860

The West 662.93 feet of the Southwest Quarter of the following described parcel:

That portion of the South Half of the Northwest Quarter of Section 31, Township 30 North, Range 3 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of said South Half;

Thence N 88°52'24" W, along the South line of said South Half, a distance of 1638.93 feet;

Thence N 01°33'39" E, parallel to the West line thereof, a distance of 1317.01 feet to the North line of said South Half;

Thence S 88°24'21" E, along said North line, a distance of 1653.72 feet to the East line of said South Half;

Thence S 02°12'46" W, along said East line, a distance of 1303.71 feet to the Point of Beginning.

Together with Easements of record under Auditors File No. 604910 and 391648.

Situated in Island County, Washington.

PARCEL B R33031-374-1880

The West 662.93 feet of the Northwest Quarter of the following described parcel:

That portion of the South Half of the Northwest Quarter of Section 31, Township 30 North, Range 3 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of said South Half;

Thence N 88°52'24" W, along the South line of said South Half, a distance of 1638.93 feet:

Thence N 01°33'39" E, parallel to the West line thereof, a distance of 1317.01 feet to the North line of said South Half;

Thence S 88°24'21" E, along said North line, a distance of 1653.72 feet to the East line of said South Half;

Thence S 02°12'46" W, along said East line, a distance of 1303.71 feet to the Point of Beginning.

Together with Easements of record under Auditors File No. 604910 and 391648.

Situated in Island County, Washington.

### PARCEL C (WELL SITE PARCEL) R33031-374-2700

The Northwest Quarter, except the West 662.93 feet thereof, together with the Northeast Quarter of the following described parcel:

That portion of the South Half of the Northwest Quarter of Section 31, Township 30 North, Range 3 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of said South Half;

Thence N 88°52'24" W, along the South line of said South Half, a distance of 1638.93 feet;

Thence N 01°33'39" E, parallel to the West line thereof, a distance of 1317.01 feet to the North line of said South Half;

Thence S 88°24'21" E, along said North line, a distance of 1653.72 feet to the East line of said South Half;

Thence S 02°12'46" W, along said East line, a distance of 1303.71 feet to the Point of Beginning.

Together with Easements of record under Auditors File No. 604910 and 391648.

Situated in Island County, Washington.

PARCEL D R33031-309-2680

The Southwest Quarter, except the West 662.93 feet thereof, together with the Southeast Quarter of the following described parcel:

That portion of the South Half of the Northwest Quarter of Section 31, Township 30 North, Range 3 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of said South Half;

Thence N 88°52'24" W, along the South line of said South Half, a distance of 1638.93 feet;

Thence N 01°33'39" E, parallel to the West line thereof, a distance of 1317.01 feet to the North line of said South Half;

Thence S 88°24'21" E, along said North line, a distance of 1653.72 feet to the East line of said South Half;

Thence S 02°12'46" W, along said East line, a distance of 1303.71 feet to the Point of Beginning.

Together with Easements of record under Auditors File No. 604910 and 391648.

Situated in Island County, Washington.

HAYES DRILLING

Hayes Drilling, Inc.

www.hayesdrilling.com

**Pumping Test Report** 

Name:

R&M Land Development / Ron Swenson

Job No:

12119

Site:

Goss Lake Road Langely, WA

Well No:

**APS 072** 

Static:

302.45 TOC (Top Of Casing)

GPM:

60

Start Date:

04/24/2007

Time						RECOVERY	
(min)	Static	H2O Level	Drawdown	GPM	Static	H2O Level	Recovery
0.5	302.45	309.35	6.90				
1	302.45	310.35	7.90		302.45		302.45
2	302.45	310.35	7.90	adjusted flow	302.45		302.45
3	302.45	308.35	5.90		302.45		302.45
4	302.45	311.15	8.70		302.45		302.45
5	302.45	312.80	10.35		302.45	302.45	0.00
6	302.45	312.90	10.45				
7	302.45	312.95	10.50	adjusted flow			
8	302.45	314.42	11.97				
9	302.45	314.70	12.25				
10	302.45	314.75	12.30	adjusted flow			
15	302.45	315.33	12.88				
20	302.45	316.01	13.56				
25	302.45	317.85	15.40	60			
30	302.45	317.70	15.25	60			
35	302.45	317.80	15.35	60			
40	302.45	317.60	15.15	60			
45	302.45	317.80	15.35	60			
50	302.45	317.80	15.35	60			
55	302.45	317.80	15.35	60			
60	302.45	317.83	15.38	60			
70	302.45	317.86	15.41	60			
80	302.45	317.85	15.40	60			
90	302.45	317.82	15.37	60			
100	302.45	317.65	15.20	60			
110	302.45	317.60	15.15	60			
120	302.45	317.65	15.20	60			
150	302.45	317.80	15.35	60			
180	302.45	317.65	15.20	60			
210	302.45	317.80	15.35	60			
240	302.45	317.65	15.20	60			
300	302.45	317.65	15.20	60			





Burlington WA 11620 S Walnut St - 98233 Corporate Office 800.755.9295 = 360.757.1400 • 360.757.1402tax

Bellingham WA 805 Orchard Dr Ste 4 - 98225 360.671.0688 • 360.671.1577fax

# Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Hayes Drilling Inc.

The lab you can trust!

5696 Ershig Rd.

Bow, WA 98232

Reference Number: 07-04955

Project 12119 Ron Swensen

P . 1

APS 072

System Name:

System 1D Number: DOH Source Number.

Sample Type:

Sample Purpose: Investigative or Other

Sample Location: 12:40 a.m.

County: Sampled By: Sampler Phone: Repeat Sample Number:

Lab Number: 16411358

Collect Date: 4/24/2007 Date Received: 4/25/2007 Report Date: 4/26/2007

Field ID: welhead

Comment Supervisor:

PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
TOTAL COLIFORM E. COLI	Satisfactory, Coliforms Absent Absent	per 100ml per 100ml	sk	SM9223 B	
	TOTAL COLIFORM	TOTAL COLIFORM Satisfactory, Coliforms Absent	TOTAL COLIFORM Satisfactory, Coliforms Absent per 100mL	TOTAL COLIFORM Satisfactory, Coliforms Absent per 100ml sk	TOTAL COLIFORM Satisfactory, Coliforms Absent per 100mL sk SM9223 B

NOTES:

IFE Call or Fecal Colife

Comments

PORME BACT\_ST

FAX: 360-766-6133



Burlington WA | 1620 S Walnut St - 98233 80G.755.9295 \* 360.757.1400 \* 380,757.1402tax Bellingham VVA 805 Orchard Dr Suite 4 - 98225 360.671.0688 - 360.671.1577fax

Page 1 of 1

## INORGANIC COMPOUNDS (IOC) REPORT

Client Name: Hayes Drilling Inc.

5696 Ership Rd. Bow, WA 98232 Reference Number: 07-04955

APS -072

Project: 12119 Ron Swensen

Fleid ID: welhead

Sample Description: 12:40 a.m.

Sampled By:

Sample Date: 4/24/2007

Sauron Time

Lab Number: 04611358 Report Data: 5/3/2007 Date Received: 4/25/2007

Sampler Phone:

	£	Source Type:		1.754614				S	upervisor (ii)	
CAS	ANALYTES	137.130	RESULTS	UNITS	POL	MDL	MCL	Aryalyal	METHOD	COMMENT
	EPA Regula	ted								
7440-35-2	ARSENIC		0.007	mg/L	0,001	3.98E-05	0.010	mvo	200.8	
440-39-3	BARIUM		0.030	mg/L	0.001	0.00016	2	myp	200.8	
440-43-9	CADMIUM		ND	mg/L	0.001	4.57E-05	0.005	MYD	200.8	
440-47-3	CHROMIUM		NID	mg/L	0.010	0.00018	0,1	mvo	200.8	
439-97-6	MERCURY		ND	mg/L	0.0002	0.00006	0,002	80	245.1	
782-49-2	SELENIUM		NID	mg/L	0.005	7.05E-05	0.05	mvp.	200,8	
440-41-7	BERYLLIUM		NO	mgA.	0.001	1.09E-05	0.004	מעתן	200.8	
440-02-0	NICKEL		ND	mg/L	0,005	0.00028	0.1	myp	200,8	
440-36-0	ANTIMONY		ND	mg/L	0.001	1.38E-05	0.008	מעווז	200.5	
440-28-0	THALLILIM		ND	mg4	0.001	1.33E-05	0.002	מעמו	200.6	
7-12-5	CYANIDE, FREI	E	ND	mg/L	0.040	0.006	0.2	bi	SM4500-CN F	
5864-48-B	FLUORIDE		ND	mg/L	0.10	0.012	4	קעווו	300.0	
4797-65-0	NITRITE-N		NO	mg/L	0.10	0.010	1	mvp	300.0	
1797-38-8	NITRATE-N		ND	mg/L	0,10	0.015	10	myp	300.0	
10128	TOTAL NITRAT	EINITACLE	ND	mg/L	0.10	0.017	10	myp	300.0	
	EPA Regula	ted (Secondary)								
439-88-6	IRON		0.19	mgA	0.050	0.004	0.3	bi	200.7	
439-96-5	MANGANESE		0.046	mg/L	0.001	2.82E-05	0.05	מעות	200.8	
140-22-4	SILVER		ND	mg/L	0.001	3.41E-06	0.05	מעמ	200,8	
40-86-6	ZIMC		0.023	mg/L	0.005	8.435-05	5	mvp	200.8	
887-00-6	CHLORIDE		11	mg/L	1.0	0.012	250	מעתו	300.0	
4808-79-8	SULFATE		7	mgA.	0.2	0.04	250		200.0	
	State Regula	bated								
10817	TURBIDITY		1.78	NTU	0.1	0.02	1.0	kiv	SM2130 B	
40-23-5	SORIUM			mg/L	1.0	0.03		- Marine	200.7	
11778	HARDNESS			mg/L	3.30	0,055			200.7	
20184	ELECTRICAL CO	אלטטמאל		uS/cm	10	10	700		SM2510 B	
11712	COLDR			Color Units	5	1	15		SM2120 B	
	State Unregi	ilated								
39-92-1	LEAD		ND GM	mg/L	0.001	9.71E-06	0.015	MVD	200.8	
40-50-B	COFFER			mg/L		0.00024	1.3		200.8	

#### NOTES:

SEC Plant Reporting Lovery, indicates the minimum resource level postuled by the Westington Department of Health (DOTS).

ENC. PRINCE CASSASS AND INVESTIGATION CONTROLLED CONTRO

ery (sent ambigued): indicates that this compound was not analyzed:



Corporate Office

Burlington WA | 1620 S Walnut St - 98233

800.755.9295 • 360.757.1400 • 360.757.1402tax

Bellingham WA 805 Orchard Dr Suite 4 - 98225 360.671.0688 = 360.671.1577 lax

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APS 072

## INORGANIC COMPOUNDS (IOC) REPORT

Client Name: Hayes Drilling Inc.

5696 Ershig Rd. Bow, WA 98232 Reference Number: 07-04955

Project: 12119 Ron Swensen

Field ID: welhead

Sample Description: 4:30 p.m.

Sampled By:

Sample Date: 4/24/2007

Source Type:

Lab Number: 04611359

Report Date: 5/3/2007 Date Received: 4/25/2007

Sampler Phone:

Supervisor.

CAS	ANALYTES	RESULTS	UNITS	POL	MDL	MCL	Analyst	METHOD	COMMENT	
	Other									
E-10184	ELECTRICAL CONDUCTIVITY	278	uS/cm	10	10	700	\$0	SM2510 B		
	EPA Regulated (Secondary)		11.9							
16867-00-8	CHLORIDE	14	mg/L	20	0.012	250	MYD	300.0		

#### NOTES:

num reporting level required by the Washington Department of Health (DOH).

MCL (Maximum Costembrant Level) maximum permissible level of a commission in water axiablished by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper, Section has a recommended limit of 20 mg/L. A blank MCL value instinates a level is not currently established.

Trapper Lewet: DOH Drinking Water Response level. Systems w icted in excess of this level are required to take additional samples. Contact your regional DOH office.

NO (Not Detacted): Indicates that the compound was not detected above the State Reporting Limit (SRL).

NA (Not Assiyzed): indicates that this compound was not analyzed.

FORM: IOC\_GEN